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**DATE:** September 10, 2003**PTO IDENTIFIER:** Application Number 09/911,039  
Patent Number**Inventor:** Thor Nilsen**MESSAGE TO:** Examiner J. Riley**FAX NUMBER:** (703) 872-9306**FROM:** LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP  
Shawn P. Foley**PHONE:** (908) 518-6346**Attorney Dkt. #:** POLYPROBE 3.0-017 CIP CONT CONT**PAGES (Including Cover Sheet):** 15**CONTENTS:** Amendment Transmittal Letter  
Terminal Disclaimer  
Amendment under 37 CFR 1.116  
US Patent 6,072,043

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AMENDMENT TRANSMITTAL LETTER				Docket No. POLYPROBE 3.0-317 CIP CONT CONT	
Application No. 09/911,039		Filing Date July 23, 2001		Examiner J. Riley	
Art Unit 1637					
Applicant(s): Thor Nilsen					
Invention: OPTIMALLY LABELED OLIGONUCLEOTIDES					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	21	- 45 =		x	0.00
Independent Claims	2	- 7 =		x	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-1095</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u>Shawn P. Foley</u> Shawn P. Foley Attorney Reg. No.: 33,071				Dated: <u>September 10, 2003</u>	
LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK, LLP 600 South Avenue West Westfield, New Jersey 07090 (908) 518-6346					
I hereby certify that this correspondence is being transmitted by facsimile to 703 872-9308, on the date shown below. Dated: September 10, 2003 Signature: <u>Shawn P. Foley</u> (Shawn P. Foley)					

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